



Department of Labor
 Workers' Compensation Division
 PO Box 488
 Montpelier, VT 05601-0488
 (802) 828-2991

VOCATIONAL REHABILITATION ANNUAL SURVEY FORM

Date: _____ Certification Number: _____
 Vocational Rehabilitation Counselor: _____
 Current Business Address: _____
 Phone: _____ E-Mail: _____
 Self Employed Check if yes Employer: _____

Requested Information

Note: Please provide answers based upon your individual caseload for calendar year 2004.
 Calendar year 2004 runs from January 1, 2006 – December 31, 2006.

1. Caseload. Indicate your average caseload. Less than 10 10-40 40-70 70-100 More than 100

Number of claims in which you provided any vocational rehabilitation services. _____
 Number of claims in which you performed an entitlement assessment. _____
 Number of claims in which you provided vocational rehabilitation services but did not perform an entitlement assessment. _____

2. VR Costs and Expenses Billed.

a. Indicate total costs for claims in which you found Claimant **Not Entitled** \$ _____
 b. Indicate total costs for all other VR provided (EA's found entitled, all plans, amendments and all other VR costs billed in all cases **other than Not Entitled**). \$ _____
 c. Indicate TOTAL costs of ALL vocational rehabilitation services and costs you billed for ALL claims in which you provided VR services over past year. \$ _____

3. Plans; Return to Suitable Employment. For all cases in which you prepared an IWRP or amendment indicate the total number of cases in which :

a. You prepared any IWRP or amendment _____
 b. The vocational plan was completed _____
 c. Claimant returned to suitable employment for 60 days or more _____
 d. Plan was completed but return to work for at least 60 days was **not** achieved _____

4. Closures. Total number of closures _____ Voluntary withdrawals _____

5. Duration. For claims in which Claimant was found Entitled, indicate average length of time (in months) that vocational rehabilitation services were provided per claim:

Average number of months service was provided: _____

REPORT DUE BY MARCH 30, 2007